



**LOS ANGELES SHERIFFS' MUSEUM FUND #218**  
**DONOR DESIGNATION FORM**

**SHERIFFS' RELIEF FOUNDATION**  
**OF LOS ANGELES COUNTY, CALIFORNIA**

LAST NAME:

FIRST NAME:

M.I.:

STREET ADDRESS, CITY, STATE, ZIP CODE

HOME PHONE NUMBER:  
(       )

E-MAIL ADDRESS

LAST FOUR OF Social Security: (Retirees only)  
XXX-XX-

EMPLOYEE NUMBER: (Current Employees only)

MONTHLY PAYROLL CONTRIBUTION  
\$

SIGNATURE:

DATE:

ARE YOU AN S.R.A. MEMBER?:    YES       NO  
(You are not required to be an SRA member to donate)

SRA USE ONLY:  
Start Date:

Rev. jac091710

***Please submit the completed card directly to:***  
***Los Angeles Sheriffs' Museum***  
***STARS Center, 11515 Colima Rd. Bldg. "B" Whittier, Ca. 90604***  
***Thank You for Your Support***